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THE OHIO PUBLIC HEALTH JOURNAL

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THE STATE DEPARTMENT OF HEALTH

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CONTAGIOUS DISEASE NUMBER

¶ The Menace of Smallpox to Ohio — Smallpox and Vaccination — 17,000 Ohio Children, Ten Years' Toll of Four Diseases — Diphtheria Facts — Digest of Communicable Disease Control Regulations

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The Ohio Public Health Journal

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Facts About Vaccination as Revealed by Study

With anti-vaccination agitation attracting no little attention, it gives a feeling of comfort to delve into the voluminous reports of the British Royal Commission on Vaccination and rest one's case on the solid foundation of facts found therein. This commission from 1889 to 1895 conducted the most thorough study ever made of the whole subject of vaccination. Its reports completely vindicate the practice as a positive protection against one of the most terrible diseases man has ever known and as an operation free from the various alleged dangers which anti-vaccinationists have from time to time set up as bugaboos.

The direct relation of cause and effect between the introduction of vaccination in 1798 and the decline in smallpox throughout the world in the next few decades is set forth by the Royal Commission in these words:

> The decline in question followed upon the introduction of vaccination. The records of Western Europe and the United States show that, in all places where returns were obtained, the introduction of vaccination was followed by a decline of smallpox; the decline becoming especially apparent after the lapse of such time as may be supposed to be necessary for the due spread of the practice.
>
> Moreover, the spread of the practice and the decline of the disease do not stand as two phenomena simply following the same course, but without any tie joining the two. The experimental evidence offered at the time, namely, that the class of vaccinated persons did not take smallpox, by way either of exposure to natural contagion or of inoculation, as the unvaccinated did, connects the two and points to the spread of the practice as the cause of the decline.
>
> * * * * *
>
> Upon the whole, then, we think that the marked decline of smallpox mortality in the first quarter of the present century affords substantial evidence in favor of the protective influence of vaccination.

Such a fabric of evidence as the investigations of the Royal Commission on Vaccination brought to light can not be successfully controverted by unsupported theories or by isolated and misinterpreted "facts" such as are advanced by anti-vaccinationists.

The facts of the case are that vaccination is the only known preventive of smallpox, and that in the presence of the disease the anti-vaccinationist who bases his opposition on conscientious or moral grounds

will suffer just as heavily as he whose failure to be vaccinated is due to indifference or ignorance.

* * *

How the Production of Vaccine Is Safeguarded

The absurd statement in an anti-vaccination advertisement which appeared recently in Lima, to the effect that "the germ injected into your children's arms were taken from the bodies of dead Japanese in Japan," is a fair sample of the kind of "evidence" offered in opposition to the practice of vaccination.

Any one who considers himself qualified to make a public statement on vaccination ought to know that all vaccine used in America today is produced from healthy calves — not from human beings, whether of Japanese or any other nationality.

Each calf is carefully examined before inoculation and rejected unless it appears to be in perfect health. After the vaccine has been removed, the animal is slaughtered and subjected to a post mortem examination for signs of disease which might have escaped notice previously. As a further safeguard all vaccine is subjected to severe laboratory tests to determine its purity before it is marketed.

Additional protection against possible infection is afforded by the treatment of the vaccine with glycerin, which has a strong germicidal action on the organisms causing many diseases. Tuberculosis germs, for example, can not exist in modern vaccine, as the glycerin kills them. Syphilis can not be transmitted through vaccine, as the calf is not subject to syphilis.

The whole process of manufacture of vaccine is carried on by responsible laboratories under strict supervision of the federal health authorities. All that twentieth century science can do to safeguard the vaccine is incorporated into the procedure by which it is produced.

* * *

Whooping Cough — One of Babyhood's Serious Diseases

Considering the appalling mortality of whooping cough — and we do not use the word "appalling" loosely — one can hardly understand the indifference toward that disease displayed by a large part of the population. The only plausible explanation is general ignorance of the facts of the case.

We deem it one of our important duties, therefore, to place squarely before the parents of Ohio's children the fact that more than five thousand of the little ones under their care have died of whooping cough in the past ten years. And most of those who succumbed were babies.

Whooping cough fatalities in older children are negligible but among infants the disease stands out as one of our most serious menaces.

The parent who carelessly or recklessly allows a child to be exposed to whooping cough is guilty of an act which, by all rules of morality, should be classed as criminal.

As for the parent whose act in exposing a child to the disease is due to ignorance -- the removal of that ignorance is a plain duty lying before public health workers and all other persons interested in the protection of the state's child population.

Guard every child against whooping cough as thoroughly and for as long a period as possible, and Ohio's infant mortality will be appreciably reduced.

* * *

Keep Schools Open and Check Disease Quickly

Closing of schools in the presence of contagious diseases is not only inconvenient and costly, but is also ineffective as a means of checking the outbreak. Experience proves this. Yet in a number of Ohio communities in recent months this antiquated and useless practice has been followed.

Even in smallpox outbreaks have schools been closed. What logical argument can be advanced in support of this policy? Exclusion of pupils who have the disease and vaccination of others will stop a smallpox outbreak immediately and school work can continue without interference.

The situation with regard to diphtheria is similar. Laboratory tests can quickly be applied to every pupil to determine whether he is infected. If he is, he should be excluded, and other pupils should be kept under close observation to detect early signs of the disease.

Scarlet fever, measles and whooping cough also demand exclusion of pupils showing suspicious symptoms and continuous observation of others.

The only argument we have heard in favor of dismissal of schools in an epidemic is that the congregating of children in the class room tends to promote spread of the disease. This might be a sound argument if, when schools were closed, every child went home and remained in strict seclusion, under observation by a physician, until the danger should have passed. In practice, we know, children continue to mingle when schools are closed and are seldom under medical supervision until unmistakable signs of illness have developed.

With schools open, every pupil who is a source of danger can be isolated at the earliest possible moment, and other pupils can be better protected than if they were outside the school. Keep schools open and under medical supervision, and disease can be checked more easily than by closing them.

Release Diphtheria Patients on Laboratory Evidence Only

Release of a diphtheria patient from quarantine after apparent recovery is forbidden until bacteriological proof of complete recovery is established by two examinations not less than forty-eight hours apart, both showing the nose and throat secretions to be free from diphtheria bacilli.

This an absolutely necessary precaution for the protection of the public against diphtheria carriers. Experience has demonstrated that the germs often remain present in an individual for a considerable period after he appears to have recovered. He is just as dangerous in this condition as when the disease was at its height.

It is every health commissioner's duty to enforce the state regulation in this regard with the utmost strictness, permitting no exceptions to the general rule. Every parent and every physician, if he has the interests of the community at heart, will support the health commissioner in performing this duty in accordance with the regulations.

One child saved from infection by a diphtheria carrier will be an adequate compensation for the inconvenience caused by holding fifty cases in quarantine until a laboratory report is received.

* * *

Protect Measles or Influenza Patient Against Pneumonia

The need for strict isolation of the measles or influenza patient for his own protection as well as for that of the public is made evident by studies of the past few years in regard to pneumonia.

Pneumonia frequently occurs as a secondary infection, acquired after the patient has first been attacked by measles, influenza or some other disease which makes him readily susceptible to the later invasion of the pneumonia-producing organism.

Strict observance of the principles of isolation and disinfection will guard the patient against the secondary infection. To omit these precautions is to leave the patient unprotected against the possible attack of an extremely serious disease at a time when his weakened condition will make him an easy victim.

The strict control of known pneumonia cases, which should be considered as cases of a dangerous contagious diseases, is a further precaution which should be observed by health authorities.

The pneumonia epidemics which accompanied the influenza outbreaks of the past two winters demonstrated the dangerous possibilities in this disease. An attack equal in severity even if less in extent is likely to accompany any measles outbreak if the necessary safeguards are neglected.

The Menace of Smallpox to Ohio

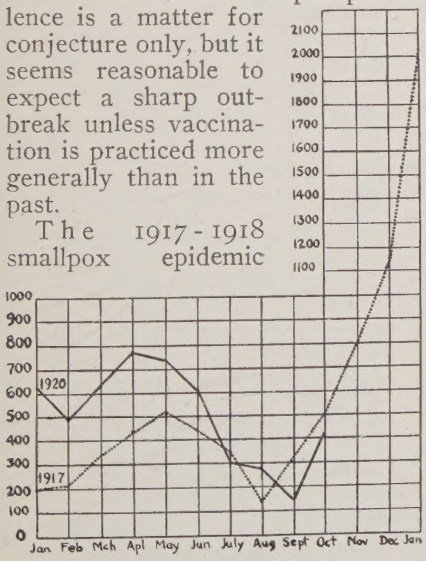
SMALLPOX prevalence in Ohio in the past year has been similar to that which preceded the great outbreak of the winter of 1917-1918, study of monthly morbidity totals shows.

In 1917 the peak for the earlier part of the year was reached in May, when cases were reported. The curve then fell, reaching its low level in August. In September it began the sharp rise which carried it to the record-breaking total of 2,111 cases in January, 1918.

The high point for the spring and summer of the present year was reached in April, with a month's total of 783, and May showed only a slight drop to 741 cases. Again the low point of the curve was recorded in the late summer and again a sharp rise followed.

What the remaining months of the winter offer in smallpox prevalence is a matter for conjecture only, but it seems reasonable to expect a sharp outbreak unless vaccination is practiced more generally than in the past.

The 1917-1918 smallpox epidemic was marked by more than 11,000 cases and fourteen deaths. It cost the people of the state at least one million dollars, according to careful estimates made by statisticians of the State Department of Health at the time.



Reported Smallpox Cases in Ohio, 1917 and 1920.

The totals of reported smallpox cases in recent years in Ohio are as follows:

1912.....	827	1917.....	5,251
1913.....	2,633	1918.....	10,389
1914.....	4,789	1919.....	4,107
1915.....	3,221	1920 (10 mo.) ..	5,035
1916.....	2,184		

Monthly totals of reported cases during the present year have been as follows:

January	621
February	490
March	637
April	783
May	741
June	603
July	300
August	284
September	141
October	435
November	921

Typhoid Carriers in Massachusetts

The Massachussetts state department of health possesses a list of fifty-one known carriers of the typhoid bacillus who are thought to be responsible for 493 cases of typhoid fever. Twenty-one of these individuals transmitted the infection through milk, and eighteen through their occupation as food handlers. The remaining twelve could have transmitted the infection either through food or by direct contact.

Baby Clinics in Akron

A prenatal clinic has been opened in Akron by the city Health Nursing Association. Other such clinics will be established later, it is announced. The Association also conducts six "well baby clinics," which have more than two thousand infants enrolled.

Smallpox and Vaccination

A Calm Consideration of the Facts in the Case

RENEWED and increasing activity of that part of the population actively opposed to vaccination against smallpox reaches its highest point to date in the proposal recently made in California to prohibit by constitutional amendment compulsory vaccination in the public schools. While the proposal was defeated in the election, it indicates the serious and growing menace of the anti-vaccination menace. Anti-vaccinationists, while they have always been with us and probably always will be, have now reached the point where their activities may seriously affect the public health. It behooves the people of Ohio, therefore, to consider the situation as it affects the state and to keep clearly in mind the facts of the case.

Smallpox is one of the most ancient and dreadful of the scourges that afflict the human race. Prior to the advent of vaccination it affected every nation and every climate, sweeping in recurrent epidemics through the whole population, gave rise to a frightful mortality and left those victims who recovered hideously marked for life. Since the advent of vaccination the disease has become modified in those countries where vaccination is generally practiced, and prevails in a form so mild as to cause little mortality and only slight disfigurement. In those countries where vaccination is not generally practiced, however, the disease retains its former virulence, and causes the dreadful mortality and disfigurement of former times.

There is no real ground for argument as to the efficacy of vaccination in preventing smallpox. Everyone who has even slight experience in actual work with smallpox sees incontrovertible evidences of its efficacy. Every physician relies on it for protection and freely visits and attends cases of the disease without the slightest fear of contracting the disease. In no country where the population is thoroughly vaccinated does the disease prevail and in every country where vaccination is not general it prevails in virulent form.

TWO HUNDRED YEARS OF SMALLPOX IN LONDON

(Rates given are average annual mortality per 100,000 population for the periods mentioned.)

Years	*Rate*
1660-1679	417
1728-1757	426
1771-1780	502
(Vaccination introduced in 1798.)	
1801-1810	204
1831-1835	83
1841-1850	40
1851-1860	28
1861-1870	28
1871 (last great epidemic)	242
(Epidemic of 1871 followed by strengthening of English compulsory vaccination law.) pulsory vaccination law.)	
1872-1880	22
1881-1885	29
1886-1894	1
(In 1889 not one smallpox death was recorded.)	

Note that the rate for the period immediately before the introduction of vaccination was *500 times as great* as that for the most recent period listed.

EFFECTS OF COMPULSORY VACCINATION IN ENGLAND

Compulsory vaccination became really effective in England and Wales under a law passed in 1871.

From 1873 to 1894 the smallpox death rate for England and Wales (per 100,000 population) was above 10 in only three years and was 5 or less in fourteen years.

In the thirty-five years covered by statistics before 1873 the rate was *below* 10 in only four years and was never below seven.

Occasionally, of course, a person who is apparently properly vaccinated develops smallpox, but these cases are exceessively rare and do not affect the general facts. The fact that one attack of smallpox usually protects throughout life is generally admitted but occasionally one sees persons who have had two or even more typical attacks, just as occasionally one sees persons who have had several attacks of measles, scarlet fever or whooping cough.

The real cause of the present agitation against smallpox is to be found in the fact that the agitators have completely forgotten or lost sight of what smallpox really is. The present type of the disease is not really dangerous and frequently causes symptoms no more severe than those sometimes resulting from vaccination. But that is not the type of smallpox that we seek to prevent by general vaccination. The fact that the disease is at present so mild is itself due to the fairly general practice of vaccination. Were vaccination to be abandoned the disease would within a generation resume its former virulent character.

The only systematic method of securing general vaccination in the states of the Union is by vaccination of school children. Once this practice is abandoned the general immunity would soon fall below the safety line. In some parts of the country the danger point has been reached already and the introduction of a virulent strain of smallpox would probably give rise to a widespread epidemic of a most virulent and fatal type of the disease.

It is to be hoped that the American people have not yet reached the point where they will ignore the plain teachings of history and forget the sad truths learned at so much cost by preceding generations. The anti-vaccinationists live in our communities and enjoy immunity from smallpox because most of the people still believe in vaccination and protect themselves and incidentally protect their skeptical neighbors. If the preaching of the anti-vaccinationists really becomes generally accepted the antis will suffer far more than the pros.

Meanwhile it is and will always

VACCINATION RESULTS IN SCOTLAND

Following the passage of a compulsory vaccination law, Scotland's smallpox mortality rate dropped from 58 per 100,000 in 1864 to 12 in 1865, and from then until 1894 was above 10 in only four years. From 1875 through 1893 Scotland had only 392 smallpox deaths — fewer in the whole period of nineteen years than in any single year (with one exception — 1858) from 1855 to 1864.

continue to be the duty of every right thinking citizen to protect himself against smallpox by vaccination. The operation is not painful and is only exceptionally followed by more than trifling discomfort. Smallpox may be an exceedingly mild disease, but it may without warning be a most serious disease.

The people of Ohio, in considering the question, should remember that while vaccination protects against the annoyance and discomfort of mild smallpox, it also protects against virulent smallpox, and even were there no mild types of the disease it is absolutely necessary to protect ourselves against "old time smallpox." The State Department of Health cannot undertake to guarantee to protect the people of the state against serious epidemics of virulent smallpox, unless the mass immunity of the population is kept at a reasonably high point by general vaccination. It has been abundantly proved that even the most efficient and energetic efforts at quarantine and isolation cannot control the disease in an unvaccinated population.

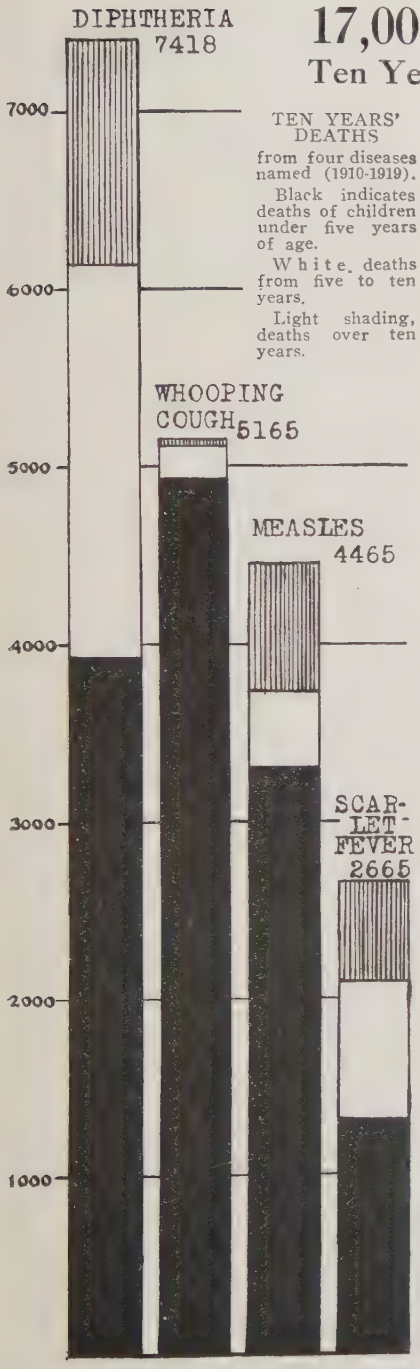
Right Way to Teach Health

THE greatest mistake made in public health teaching in the past has been that the instruction has been directed almost entirely to the adults of the community. But adults are proverbially poor pupils in any school. It is hard for them to unlearn what they have been taught in childhood, whether in this country or abroad, and any modern health instruction given to them must begin by removing many of the bad health habits which they have practiced all their lives. They are often grossly ignorant in regard to the nature of disease, how it is cased, how it spreads, how it can be prevented. Their superstitions and prejudices make it difficult to influence them. Their minds are very resistant to new ideas which affect such fundamental things as their food and their health habits. It may well be said of much of the health knowledge of adults that it is not that the great mass of people are so ignorant, but, as Artemus Ward said, "They know so many things that are not so."

It is becoming increasingly evident that we have begun too late with our health instruction. The child is the fittest subject in which to instill proper health knowledge. He has no prejudice to overcome; his mind is virgin soil to receive any seed of truth in health or other matters; he delights in the knowledge of the simple things which relate to his daily experience.

It is particularly in the schools that the opportunities for teaching health are the greatest, and this opportunity has been as yet scarcely recognized. In the school the child is under continuous observation for eight or nine years; his attendance is compulsory; he cannot, if he will, altogether escape the influences of education; he goes to school to learn; he is at a teachable age, in a teachable mood, and the school has the machinery for teaching. The opportunity which the school offers to give instruction to groups of children is very important; for it is usually found that instruction to groups is more impressive and commands more attention than that given to individuals. The long period of school life permits a great variety of health teaching, from the simplest things taught the youngest, with graded instructions for those who are older, to the wider knowledge which can be given to the oldest. Much more can be done in school than even in the most enlightened homes. In fact, the home itself is often best reached through the child.

It is easy, if right methods are employed, to interest the child in health, and it is not very difficult to influence him in the formation of good habits. The twig is so easily bent. In most matters habits are not yet formed, and it is just as easy to form good habits as to form bad ones. All of these things combine to make childhood the golden period of life in which to teach health.—L. Emmett Holt, M. D., LL. D., in *Public Health,* Michigan Department of Health.



17,000 Ohio Children

Ten Years' Toll of Four Diseases

IMAGINE a plot of ground one hundred yards wide and nearly three hundred yards long — a six-acre lot.

Suppose it had been set aside ten years ago as a cemetery, to be used only for bodies of Ohio children dying from diphtheria, whooping cough, measles and scarlet fever.

It would be full today.

It would be crowded with graves made as small as possible and set as closely together as possible — allowing a space only five feet long and three feet wide for each little body.

Under its sod would lie the remains of 17,120 Ohio children, none over ten years old at the time of death and all of them victims since January 1, 1910, of the four diseases mentioned.

The ten years' toll of diphtheria is 6,140, of whooping cough 5,129, of measles 3,754, of scarlet fever 2,097.

And besides the thousands who have died, many thousands of others who have recovered have suffered permanent physical injury as a result of their illness, and are weaker today than they were before the disease attacked them.

Despite all this havoc wrought by these four diseases, unthinking parents still are saying: "Oh, well, they have to have it some time; it might as well be now as later."

They don't "have to have it some time" — these diseases are preventable. And it is not as well to have it "now" as "later" — the death statistics show clearly that the young child is the one who suffers most severely from these diseases.

Diphtheria deaths can be reduced almost to nothing by proper con-

trol measures, including prompt use of antitoxin in every case. The death totals of the three other diseases can be cut down tremendously by strict quarantine and careful medical supervision of school children.

Whooping cough deaths almost always occur in babies, as the accompanying chart clearly shows. To a less extent this tendency is also evident in the death records of the other diseases.

The lessons to be learned from our bitter experience with diphtheria, whooping cough, measles and scarlet fever are these: Guard children against exposure to the diseases. Apply modern public health methods in the control of cases which occur.

Six acres of little graves — seventeen thousand bodies of Ohio children! Shall this decade see another record as black?

Diphtheria

Important Facts About a Disease Which Kills from 500 to 750 Ohioans Annually

(1) Antitoxin is the only known cure for diphtheria, and its efficacy is governed by the promptness with which it is administered, being almost perfect on the first day in the development of the case and much less complete a few days later.

(2) Laboratory examination of a specimen of the throat secretion will show whether the diphtheria germ is present in an individual; such tests, made free for physicians by the State Department of Health and by certain local boards of health, are used in the diagnosis of suspected cases and in determining when quarantine may be lifted from a recovered case.

(3) While the disease is highly contagious, many persons are immune to it and do not take it when exposed; whether such immunity exists in a given individual can be determined by a physician by means of the "Schick test."

(4) Artificial immunity can be produced in a person not naturally immune, by means of the "toxin-antitoxin" inoculation; temporary immunity may be produced by the regular antitoxin inoculation as used for curative purposes.

(5) Diphtheria is spread by many apparently healthy carriers; for this reason, children should be kept out of crowds when the disease is present in a community, thorough bacteriological tests of all individuals should be made when it appears in a school room and no case should be discharged from quarantine until complete recovery is proved by bacteriological methods.

(6) Diphtheria kills from 500 to 750 Ohioans — more than one-half of whom are children under five years old — every year. Formerly, before antitoxin was known, it killed many more than it kills today. More general use of antitoxin in the state would reduce the death rate still further.

(7) No disease is more thoroughly understood than diphtheria: its germ is known, the presence of the germ in a given individual can be accurately determined, restrictive measures are well understood, immunization is known to be practical and antitoxin is known to cure the disease unless it is administered too late. Under these circumstances, every diphtheria death is evidence of some one's neglect.

Communicable Disease Control Regulations

A Digest of the Provisions of the Ohio Sanitary Code With Regard to Certain Diseases

Diphtheria

The patient must be isolated until recovery is established by two negative cultures not less than forty-eight hours apart.

Exposed persons residing in the house with the patient must be quarantined until one negative culture is reported, and may then be released, provided that they do not return to the quarantined house, with the exception that adult wage earners whose work does not bring them into contact with children or with food products may be permitted by the health commissioner to enter and leave the premises. If exposed persons remain in the house, they must be kept under quarantine until one culture taken at the time of the first negative report upon the patient is reported negatively.

Exposed persons residing apart from the patient must be quarantined until one culture is negative.

Carriers must be controlled in the same manner as clinical cases.

Concurrent disinfection of articles used by the patient must be practiced and at the release of the patient the sick room must be thoroughly cleansed.

Measles

The patient must be isolated until recovery is complete, and in any case isolation shall not cease before seven days from the onset of the disease.

Exposed persons residing with the patient, except adults and except children who have had measles, must remain in the house until fourteen days after the release of the patient.

Exposed children who reside apart from the patient and who have not had measles shall be quarantined until fourteen days after date of last exposure, or, where date of first exposure can be accurately determined, shall be quarantined for a period extending from the seventh to the fourteenth day after such exposure.

Concurrent disinfection of articles soiled by the patient's nose and throat discharges is required, as is thorough cleansing of the sick room after release of patient.

Scarlet Fever

The patient must be isolated until recovery is complete and all abnormal conditions of the nose, throat and ear have disappeared, but in no case may he be released until thirty days after onset of the disease.

Exposed children residing in the house with the patient may, if they have previously had scarlet fever, leave the premises and be subject to no restrictions if they remain away while quarantine is in effect. If such children have not had scarlet fever they may be removed to a place where there are no children and held there for seven days, after which period they may be released if no signs of the disease have appeared. If they do not leave the quarantined premises, such susceptible children must remain there throughout the quarantine period and for an additional period of seven days. Exposed adults residing with the patient are left unrestricted, provided they do not come into contact with the patient or with articles soiled by his discharges.

Exposed children residing apart from the patient, if they have not had scarlet fever, must be quarantined for seven days from date of last exposure. Adults and children who have had the disease are not quarantined under these circumstances.

Requirements for disinfection include concurrent disinfection of articles used by the patient or soiled by his discharges and thorough cleansing of the sick room after release of the patient.

Smallpox

The patient must be isolated until recovery is complete and desquamation has ceased.

Exposed persons in the household, who have had smallpox previously or have been successfully vaccinated within five years, may leave the premises provided they do not return until quarantine is lifted. If such persons do not leave the premises they must remain un-

til the quarantine is lifted. If exposed non-immune persons in the household are vaccinated within four days from date of first exposure, they may leave the premises, provided they remain under the health commissioner's supervision. If such exposed non-immune persons refuse vaccination or are vaccinated later than four days after first exposure, they must remain in the house throughout the quarantine and for seventeen days more, unless seventeen days shall have elapsed since date of vaccination.

Exposed persons outside the household, if immune by reason of a previous attack of smallpox or by vaccination within five years, shall not be quarantined. If not immune and if vaccinated within four days after first exposure, such persons shall be kept under medical observation for twelve days but shall not be quarantined. If vaccinated later than four days from date of first exposure, such non-immune persons must be quarantined until vaccination is clearly successful or until seventeen days have elapsed from date of last exposure. If vaccination is refused by such persons, they shall be quarantined for seventeen days from date of last exposure.

Concurrent and terminal disinfection must be required by the district health commissioner.

How the State Department of Health Can Help the Children of Your County

It can help you to establish:

Medical Inspection of School Children
Teaching of Hygiene in your Schools
Dental Clinics
Special Classes for Feebleminded, Deaf, and Crippled
Prevention of Blindness Classes

It gives personal assistance to the handling of individual problem children with physical or mental defects.

It helps you with problems of immorality among your older children, and furnishes accredited information for sex instruction.

It can sometimes send physicians and nurses to help your county with health demonstrations.

It makes surveys for trachoma and provides free treatment for all cases found.

It helps your Health Commissioner in the prevention and control of contagious and infectious diseases including tuberculosis and venereal diseases.

Its laboratories are at the service of all your physicians to help them make accurate diagnoses.

It cooperates with your Health Commissioner in public health publicity, in which the children's interests receive special attention.

Its engineers and plumbing inspectors supervise the sanitation of your school buildings and other public institutions.

The State Department of Health is at the service of the children of your county. For further information on any of the above topics, write to the

—*Bureau of Child Hygiene,*
State Department of Health.

PUBLIC HEALTH NOTES FROM OVER THE STATE

Cleveland's Health Survey Summarized

"Sickness and deaths from communicable diseases cost Cleveland last year $25,000,000. Two per cent of her citizens are sick all the time from causes half of which are preventable. This does not mean that Cleveland is worse than other cities in the matter of public health, but it would indicate that it is no better. One would expect that a city that has impressed the entire United States with its community spirit would lead in all movements of civic health betterment. It is surprising to find that only in rare instances is this the case."

This statement prefaces the recent "Popular Summary of the Cleveland Hospital and Health Survey," in which the findings in the survey are outlined. Detailed reports are in preparation.

The report declares that the smoke nuisance largely offsets advantages of climate and costs the city $20,000,000 a year — several times the amount of the annual Community Fund for charitable purposes.

While workers in the city division of health are praised for their devotion and enthusiasm, the division's efficiency is said to be hampered by politics and lack of funds. Increase in the medical and nursing force is recommended. Federation of private health agencies is declared to be desirable.

The report urges co-ordination of child welfare agencies as an important part of a reorganized child health program. Better birth registration, provision for health supervision of preschool children, increased personnel for school health work, improvement of ventilation in the schools and standardization of methods for the teaching of hygiene are also said to be needed.

While Cleveland is commended for the high quality of its work as a pioneer in tuberculosis control, improvement is said to be needed in several fields, especially enforcement of housing regulations, educational work and increase of nursing forces.

"Cleveland, while no worse than other cities of the country, is certainly no better in the matter of venereal disease," says the summary in taking up this topic. It is estimated that 30,000 Clevelanders are suffering from venereal disease. More strict enforcement of the law against prostitution is urged and the city is said to need — "in common with the rest of the country" — a more complete community understanding of the venereal disease problem. To meet this latter need the division of health is urged to develop an improved educational program. Facilities for the treatment of venereal disease are said to be as good in Cleveland as in other cities.

"Beyond doubt Cleveland has the poorest provisions for mental patients to be found in the United States," the report says under the heading of "Mental Health." Antiquated state laws, lack of state supervision of private sanitaria and inadequate equipment of public institutions are among weaknesses charged.

A comparatively high degree of development of industrial medicine and nursing service is noted. Health of employed women was found to be well protected. Child labor laws, however, were found to be loosely enforced — explainable by the fact that there is only one truant officer to each 10,000 school children.

The study of professional education and practice brought out alleged defects in the Western Reserve University Medical School — principally its remoteness from the City Hospital, its "lack of teachers who are not only leaders in their work but who have ability to teach" and a need for strong courses in orthopedics, heart disease and tuberculosis. Quack doctors were found to wield much influence among the foreign population. The Western Reserve College of Dentistry is commended in the report. More dental dispensary facilities are said to be needed in the city.

Improvement of nursing education in the hospitals is recommended — to be obtained by co-operation between the hospitals, freeing of teachers from other routine work and correction of alleged over-emphasis upon surgical

work. Cleveland's system of district nursing is said to make the city a leader in this branch of public health work, although its effectiveness is hampered by the inadequate staff of nurses.

Planning of hospital activities on a community basis is urged. Increased hospital facilities, better ambulance service, enlargement of dispensary service and establishment of an institution for convalescents are said to be needed.

What Typhoid Cost Salem

The recent epidemic of typhoid fever at Salem, caused by sewage entering the water supply system through leaks in a tile pipe line, cost at least $450,000, the State Department of Health has estimated. The installation of the tile pipe line cost about $1,500 less than iron pipe would have cost, and bacteriological supervision of the water supply could have been had as a further safeguard at a cost of about $1,000 a year.

The estimated cost of the epidemic is figured as follows:

State appropriation	$ 5,000
Red Cross appropriation	50,000
Municipal appropriation	15,000
Private expenditure for medical service and drugs (850 cases at $50 each)	42,500
Private expenditure for nursing service (200 cases at $100)	20,000
Loss of time by wage earners (one-third of cases, six weeks each at $5 per day)	60,000
Funeral expenses (approximately 50 deaths at $150)	7,500
Value of lives lost (approximately 50 at $4,000 each)	200,000
Business losses (due to lowered earning power of workers and to avoidance of city by out-of-town persons)	50,000
Estimated total cost	$450,000

Tuberculosis Clinics Planned

A series of free tuberculosis clinics, to carry to the various counties of Ohio expert diagnostic facilities and to renew the interest and understanding of the public in the problem of tuberculosis, is planned for the new year.

The State Department of Health is arranging the schedule of clinics with the aid of local health commissioners and will furnish a nurse for the work. The Ohio State Sanatorium will supply the necessary medical staff. The Ohio State Medical Association and the Ohio Public Health Association will also co-operate.

A daily maximum of fifteen patients will be admitted for examination, but the clinic will be continued in each place long enough to give attention to all applicants. Local physicians in each county visited will be asked to bring their suspected cases to the clinic for accurate diagnosis and to aid in conducting the clinic.

It is expected that the series of clinics will extend through the earlier half of the year.

New V. D. Clinic at Ironton

A venereal disease clinic at Ironton, maintained jointly by the city, state and federal governments, is the fortieth and most recent addition to the list of agencies offering free treatment of these infections in Ohio. It was opened November 15.

Dr. O. H. Henninger is clinician in charge and Dr. E. E. Wells, city health commissioner, is co-operating with him. Quarters for the clinic are provided without cost by Deaconess Hospital.

VIEWS OF THE PRESS ON PUBLIC HEALTH

Ounce of Prevention

People take out accident insurance not because they expect to be injured, but as a means of financial remuneration to themselves or their families if they are injured.

Being vaccinated should be looked upon in the same way. It is a precaution, a protection to you and your family. It is unwise to wait until there are cases of smallpox in the city or village in which you live before you are vaccinated.

After vaccination you feel you have done all you can to protect yourself from the disease and there is a feeling of security when you read of many cases in other places.—Ashtabula *Star and Beacon*.